Disability Access and Inclusion Plan

Improving health care experiences for consumers with disability and fostering an inclusive workforce.

2026-2030

Government of South Australia

Health
Central Adelaide
Local Health Network

WARDLI PURRUTINTHI 'Place to live or to be alive' is designed by accomplished Aboriginal South Australian artist Allan Sumner, a descendant of the Ngarrindjeri, Kaurna and Yankunytjatjara Peoples.

Acknowledgement of Country

We acknowledge that this land we meet, work, live, and play on is the traditional land of the Kaurna people, and we respect their spiritual relationship with this Country.

We pay our respects to their leaders, past, present, and emerging and acknowledge that their language, cultural, and traditional beliefs held for over 60,000 years are still as important and relevant to the living Kaurna and all Aboriginal people today.

We are all part of the story

Ngadluku kuma pirrkutidli

Please see our Aboriginal Health Framework and Action Plan for our commitments to Aboriginal and/or Torres Strait Islander consumers. We would like to express our gratitude to Aboriginal and/or Torres Strait Islander consumers with disability who have given their time, knowledge, and wisdom to the development of this plan.

We are all part of the story

CALHN recognises the important contribution of people with disability and their carers in the development of this plan.

We have a dedicated team of consumer representatives with disability, as well as carers, who have been actively involved in establishing the actions within this plan. Consumer representatives will be part of the team implementing actions and improvements.

We sincerely thank all CALHN staff with disability for their valuable feedback and support in developing the actions within this plan. As part of our diverse workforce, their insights have been essential in shaping actions to improve the work environment and experiences for all employees.

We would also like to thank the wide range of community organisations and representative bodies that have contributed to this action plan. We have involved them in every aspect of its development in our desire to turn good intentions into meaningful improvement.

Thank you to the following organisations for their collaboration and ideas towards this living, evolving action plan.

Stakeholder focus groups were held with CALHN's Aboriginal Stakeholder Reference Group and the following organisations.

- Autism SA
- Bfriend LGBTIQA+ (Uniting Communities)
- Carers SA
- ColourFull Abilities
- Deaf Connect
- estara
- Sari Health Care
- Here2Home
- Minda
- Enabled Youth Disability Network
- JFA Purple Orange
- South Australian Council on Intellectual Disability
- Aboriginal Health Council of SA
- Tullawon Health Service Inc Clinic
- See Differently

Safe and connected health care for the community

Our entire operating model or 'the way we do things at CALHN' is centred around being safe and connected.

CALHN is proud to share our plan to deliver safe and connected care for the 1 in 5 South Australians living with disability (1).

As SA's largest health network, we have a responsibility to meet the full needs of people with disability, not just through treatment but through care that is inclusive, respectful, and connected.

Being safe and connected is ultimately about keeping our patients and staff safe and strengthening connections across our organisation to create a seamless experience for consumers.

Our priority is to ensure that people with disability feel safe, are treated with dignity, are involved in the decisions about their care, and don't need to repeat their story as they move between the various services within our network.

I'm pleased to share our Disability Access and Inclusion Plan that sets out our actions to:

- make sure people with disability can access quality health care and feel respected
- support a diverse and inclusive workforce
- contribute to statewide efforts to make services more inclusive aligned with the State Government's Department of Human Services and its State Disability Inclusion Plan 2025 to 2029.

This plan outlines what we will achieve over the next 4 years. We believe that everyone has a voice and in creating the plan we asked, listened and responded to the needs of people with disability and their families, or the industries that support or represent them.

As CEO, my expectation is that this plan is owned collectively across CALHN and jointly with patients and that we meet our obligations, not because we have to but because it is the right thing to do for consumers and staff.

Dr Emma McCahon,
CALHN Chief Executive Officer

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About CALHN – what we do

Health care for South Australians

The Central Adelaide Local Health Network (CALHN) is a network of hospital and community-based services focused on the central area of Adelaide.

CALHN is South Australia's largest public health service for emergency and ongoing health care. Our main sites are:

- The Royal Adelaide Hospital (RAH)
- The Queen Elizabeth Hospital (TQEH)
- Glenside Health Services
- Hampstead Rehabilitation Centre (HRC)
- Statewide Rehabilitation Services - Repat Health Precinct.

In addition to serving those from our primary catchment region, a significant number of consumers (people who use CALHN services) access our highly specialised services from outside these geographic boundaries.

These include people from rural, remote, interstate, and overseas locations. We also deliver diverse, specialised community and clinical health services at many locations across the state including through SA Prison Health.

Statewide clinical support services include SA Pathology, SA Medical Imaging, BreastScreen SA, SA Pharmacy, and SA Dental.

We have more than 18,000 employees and over 300 volunteers.

Health care for people with disability

This plan reflects our network's continued commitment to upholding the rights of people with disability to access quality health care. It describes what we will do to ensure that people with disability have the same opportunities as others to access and be included in quality services, events, information, buildings and facilities, consultation, complaints processes, and employment.

We recognise that people with disability have diverse needs and a variety of lived experience. We aim for our services to be accessible and meet individuals' disability needs.

> "As someone with an invisible disability my message is: don't judge a book by its cover. Always be mindful that everyone has a story, and you never know what a person's circumstances are until you ask those questions."
>
> - Peter, CALHN consumer representative

Legal definitions

The *Disability Inclusion Act 2018 (SA)* defines disability in relation to a person as including long-term physical, psychosocial, intellectual, cognitive, neurological, or sensory impairment, or a combination of any of these impairments, which in interaction with various barriers may hinder the person's full and effective participation in society on an equal basis with others.

As a consumer I would like you to ask me...

- **Which way of communicating is best for you?**
- **Do you need your carer, family, or support worker to help you understand your next steps?**
- **Do you need time to process what I've told you?**
- **What matters to you with your health journey?**

> When accessing health services, it's important to talk to me. I like to make my own decisions, sometimes I need some support. What is important to me is that I feel safe and listened to during my health journey. I like to build relationships and get to know my health team. I want all people with a disability to have a voice.
>
> - Hugo, CALHN consumer

What is behind our plan

In 2022,
5.5 million
Australians (21.4%)
had a disability (2)

Indigenous Australians are **1.9 times more likely to have a disability** than non-Indigenous Australians (4)

Almost **2 in 5 carers (38.6%)** have a disability themselves (6)

In 2022, **64%** of adults with disability in South Australia said their health was excellent or very good, compared with **94%** of adults without disability in South Australia (3)

The most common primary disability type for NDIS participants is:

- **Autism**
- **Intellectual disability**
- **Psychosocial disability** (5)

Each year, the Australian Human Rights Commission receives more complaints about **disability discrimination** than about any other form of discrimination (7)

How we developed this plan

In developing this plan, we asked people with disability, their carers, and other stakeholders meaningful questions about their experiences. We listened to feedback, and we will partner with them to improve our services.

This is CALHN's second Disability Access and Inclusion Plan. We reviewed and reported on the actions of the previous plan and asked consumers and stakeholders to provide feedback on previous actions.

We engaged with our employees via a survey and held focus groups with the People and Culture team, medical, nursing and allied health leads.

In this plan, we have tried to understand the different healthcare needs of our consumers and disability stakeholders.

> "It's really important that carers feel empowered and recognised in their caring role and that they are seen as partners in health care."
>
> - Helen, Carers SA

The priority groups for this plan are

- Aboriginal peoples with disability
- People with disability from culturally and linguistically diverse (CALD) backgrounds
- Women with disability
- Children and young people with disability
- People with disability who identify as LGBTQIA+
- People with significant intellectual disability or who have high levels of vulnerability due to disability
- People with disability who live in regional communities
- Older people with disability
- Carers

HUR
Chest Press
HUR
Dip/Shru

Themes

During consumer and stakeholder consultation we found several common threads and we heard that people with disability want:

- **to be better understood** through staff actively listening to the consumer's needs – 'ask, listen, and see me as a whole person'
- **clearer communication** between staff and consumers, including their carers or support workers – 'explain what I need to do next, what my test results mean, or where to go for my appointment'
- **accessibility** within healthcare settings including consumer focused or co-design of spaces to be more disability disability aware – 'we appreciate quiet places and comfortable waiting rooms'.

> I would like to know what to expect. I need information to be broken down for me step by step.
>
> - Davis, CALHN consumer representative

What we heard from consumers with disability

- Be aware of my disability needs before I arrive at my appointment, and have my communication and equipment needs listed on the electronic medical records, so you are prepared for my planned admissions or outpatient appointments as well as any emergencies; read and share information so I don't have to keep repeating my story.
- We all have a story so don't assume you know my needs just by looking at me; ask questions especially about my disability and communication needs.
- Slow down; break down complex information; ask me what you need to know about me right from the start; explain the roles of all the people that make up my healthcare team; consistently treat me with respect across all CALHN services so I feel safe.
- Give me the support I need at discharge – it can be frightening to leave hospital not knowing how I will manage and be supported; make sure my GP, healthcare team, and carers know my appointments or important treatment details.

What we heard from disability stakeholder groups

- Consider the consumer's disability requirements before they arrive for their appointment; anticipate their unique needs.
- See carers as partners in health care who need to be involved in consumer goals.
- Create continuity of care so that at discharge or transfer between services, CALHN has a consistent process to avoid missed appointments and work to the consumer's strengths.
- Communicate in a way that considers a consumer's individual needs (such as simple written material and/or picture boards, videos, visual communication aids). These will help them to understand what will happen in the healthcare service, and their next steps.

> "I believe that for an organisation like CALHN to truly reflect and care for the diverse community it serves, it must intentionally and genuinely support, empower and reduce employment barriers for all staff with disability, ensuring they are safe, included and able to reach their full potential at work."
>
> - Jen, CALHN employee

What we heard from our workforce

- CALHN needs more proactive recruitment and onboarding of people with disability.
- Employees have low confidence and trust in declaring their disability.
- Employees would like accessible and supportive application and interview processes, proactive planning and setup prior to onboarding, and disability-inclusive induction.
- Employees reported a lack of clarity for organising workplace adjustments.
- Employees require more options to allow remote and flexible work conditions and to accommodate disability and chronic conditions.
- Employees reported some issues with accessibility of some work sites (including doors, paths, and parking).
- Employees requested professional development for peers and managers about invisible disabilities, Autism, and working alongside colleagues with disability.

Actions and how we will measure success

Partnering with consumers

1. CALHN's partnering with consumers processes are robust and encourage the meaningful participation of consumers with disability in decision making.

Timeframe : February 2027
Responsibility: Senior Manager, Consumer Partnering and Community Engagement / Senior Project Manager, Aboriginal Strategy

State Plan measure: 1.7.2
Total number of people with disability, including parents and carers, serving on committees and working groups

Actions	Measures
1.1 Actively recruit consumer representatives with disability to CALHN decision making meetings and committees. **1.2** Involve consumers with disability in quality improvement projects. **1.3** Ensure carers are engaged as consumer representatives. **1.4** Engage disability consumer advisory groups and stakeholders including Aboriginal Community Controlled organisations. **1.5** Involve Aboriginal consumers with disability in community forums, lunch and yarns. **1.6** Engage with LGBTQIA+ consumers with disability to drive service improvements. **1.7** Consumers and carers of people with psychosocial disability are engaged to assist CALHN's mental health program.	• Total number of diverse consumers with disability including carers serving on committees and working groups. • Number of consumers with disability who are recruited as consumer representatives. • Number of improvement projects with a consumer representative as part of the team. • Number of consumer representatives who are carers. • Consumer with disability/carere feedback from annual survey. • Number of Aboriginal consumers representatives and lunch and yarn forums.

2. CALHN services are culturally safe for Aboriginal consumers with disability.

Timeframe : February 2027
Director, Aboriginal Health and Research Translation

State Plan measure: 1.2.3
Total number of actions embedded in state authorities' DAIP working towards Closing the Gap targets

Actions	Measures
2.1 Provide culturally responsive services to Aboriginal consumers with disability. **2.2** Staff to connect Aboriginal Consumers with disability to CALHN's Aboriginal Health and Wellbeing Hub.	• Aboriginal Yarn Up Patient Reported Experience Measures. • Number of Aboriginal health practitioners who have completed disability training.

3. CALHN services are culturally safe for consumers with disability.

Timeframe : February 2027
Responsibility: Director, Integrated Care

State Plan measure 4.2.2
Total number of culturally responsive support services and programs available for people with disability.

Actions	Measures
3.1 Provide culturally responsive support services to newly arrived humanitarian refugee consumers with disability. **3.2** Refugee health identifies consumers who may be eligible for NDIS (or other disability pathways) and have referral pathways in place.	• Refugee Health Service patient reported experience measures. • Number of Refugee health workers who have completed disability training. • Number of Refugee Health service consumers linked to NDIS or disability supports.

4. Carers are identified, involved in care planning and offered education and support.

Timeframe : December 2026
Senior Manager, Consumer Partnering and Community Engagement

State Plan measure:3.4.2
Total number of resources available to help carers to access support

Actions	Measures
4.1 Identify and involve carers in healthcare planning and offer education and support. **4.2** Refer carers to community supports and hold education and support sessions where relevant. **4.3** Update procedures relating to carers and support workers. **4.4** Mental health lived experience workforce may provide education and support to carers for current inpatients in mental health service.	• Number of carers education and support sessions. • Number of carers referred to carers gateway. • Number of consults of lived experience workforce to carers.

5. Consumers can provide feedback about their experiences at CALHN services.

Timeframe : February 2027
Responsibility: Manager, Consumer Experience/ Clinical Practice Directors

State Plan measure 1.5.1. Total number of resources or materials that have been developed in accessible formats

Actions	Measures
5.1 There are accessible options to provide feedback in all CALHN services.	• Accessible options to provide feedback are available.

Care Coordination

6. Consumers and/or their substitute decision maker are actively involved in decision-making about their care.

Timeframe : February 2027
Responsibility: Comprehensive Care Standard 5 Priority Care Committee Chair

State Plan measure: 4.3.1
Total number of pathways in place for people with disability that provide an option of tailored coordination and navigation to meet their needs

Actions	Measures
6.1 Ensure we involve consumers with disability in decisions associated with their health care.	• Clinical consumer partnering audits. • Patient Reported Experience Measures.

7. Consumers with disability can access effective, inclusive and responsive supports and services.

Timeframe : February 2027
Responsibility: Comprehensive Care Standard 5 Priority Care Committee Chair

State Plan measure 5.5.3
Total number and type of authorised restrictive practices.
State Plan measure 4.2.1
Proportion of healthcare workers equipped with the knowledge, skills and trauma informed principles to confidently support people with diversity of disability within the healthcare setting

Actions	Measures
7.1 Provide proactive positive behaviour supports through specialised Behaviour Assessment Response Team (BART) for consumers with disability, as appropriate. **7.2** Improve access for people with behaviour support needs by co-designing models of care that reduce distress and trauma when accessing services. **7.3** Minimise the use of restrictive practices amongst people with disability and promote the use of positive behaviour support approaches. **7.4** Ensure CALHN implements 'Safe Wards' trauma-informed practices. **7.5** Training available for staff on complex behaviour.	• Number of staff who have completed complex behaviour training. • Number of BART consults. • Number of behaviour care plans. • Number of staff who have completed trauma informed training

8. Care progression pathways support consumers with unique disability needs.

Timeframe : February 2027

Responsibility: Comprehensive Care Standard 5 Priority Care Committee Chair / Director, Critical Care and Perioperative / Director, Integrated Care

State Plan measure: 4.3.1

Total number of pathways in place for people with disability that provide an option of tailored coordination and navigation to meet their needs

Actions	Measures
8.1 Create supported pathways and guidelines for consumers with disability to improve access to surgery. **8.2** Review and drive improvement for consumers with disability for appropriate/safe, connected discharge planning to meet their unique needs. **8.3** Support consumers over the age of 65 with disability with care progression pathways. **8.4** Involve consumers with disability from rural or remote in planning for their care progression back to community. Specifically, ensure Aboriginal consumers with disability have planned discharge to rural or remote communities/supports. **8.5** Connect consumers with disability in hospital to dedicated support from CALHN Disability specific staff.	• Evidence of pathways in place for people with disability that provide an option of tailored coordination and navigation to meet their needs. • Number of consumers with disability who are supported to receive surgery. • Number of consult orders for CALHN Disability specific staff.

9. Pathways and support for transitioning from adolescent to adult hospitals are coordinated and understood by consumers with disability and their carers.

Timeframe : February 2028

Responsibility: Comprehensive Care Standard 5 Priority Care Committee Chair / Senior Manager, Consumer Partnering and Community Engagement

State Plan measure: 4.3.1

Total number of pathways in place for people with disability that provide an option of tailored coordination and navigation to meet their needs

Actions	Measures
9.1 Set up resources for adolescents whose care moves from adolescent to adult health services receive quality, connected healthcare that is developmentally tailored and culturally considered. **9.2** Ensure young people with disabilities are involved as consumer representatives in health governance structures to support health service transition improvement projects and evaluation. **9.3** Establish and implement a partnership approach with a focus on goals of care for planned care transfers of adolescents with disabilities and their Families/carers/support persons. **9.4** Establish robust clinical handover processes and collaboration between adolescent, adult and primary care clinicians and community providers. **9.5** Establish systems and/or processes to support timely and continuous care when patients are moving from adolescent to adult outpatient clinics. (Providing connected healthcare for Adolescents and Young Adults Moving From Paediatric To Adult Services Framework 2025-2029).	• Resources available explaining what to expect when transitioning from adolescent to adult hospitals. • CALHN Committees and improvement projects that directly impact young people with disability have a consumer representative member. • Evidence of partnership development between local health networks. • Measure consumer experiences of transition from adolescent to adult services. • Evidence of systems established to promote smooth transition to adult outpatients clinics.

10. Consumers with disability can receive care at home.

Timeframe : February 2027
Responsibility: Director, Intergrated Care.

State Plan measure 4.3.1
Total number of pathways in place for people with disability that provide an option of tailored coordination and navigation to meet their needs

Actions	Measures
10.1 Adopt technologies to enable people with disability to improve access to care and receive care closer to, or at home.	• Consumer feedback relating to virtual care options. • Evidence of clinical pathways utilising digital and virtual care options.

11. Disability Procedures and Guidelines provide clear information for staff to uphold the rights of people with disability.

Timeframe : December 2026
Responsibility: Director, Safety and Quality

State Plan measure: 4.3.2
Total number of procedures and guidelines that uphold the rights of people with disability

Actions	Measures
11.1 CALHN has procedures and guidelines that uphold the rights of people with disability and their carers.	• Evidence of procedures and guidelines relating to consumers with disability/ carers and support workers.

12. CALHN's clinical research activities are inclusive of consumers with disability

Timeframe : February 2027
Responsibility: Director Research

Actions	Measures
12.1 CALHN's research staff commits to following the Good Clinical Practice Guidelines (GCP) to create more inclusive and accessible clinical trials for participants with disabilities.	• GCP Certification for all research staff.

13. CALHN's disability access and Inclusion initiatives are promoted to the South Australian community

Timeframe : February 2027
Responsibility: Senior Manager, Consumer Partnering and Community Engagement

State Plan measure: 1.2.1
Total number of initiatives undertaken to promote disability inclusion and improve community attitudes towards people with disability in the community

Actions	Measures
13.1 Highlight lived experience storytelling to raise awareness of CALHN's disability initiatives. **13.2** Make Health Passports available to consumers with disability and actively communicate these across all CALHN services.	• Number of social media posts featuring consumer with disability stories. • Number of disability initiatives promoted to the community. • Health passports are readily available in CALHN for Consumers

Communication

14. Consumers with disability have access to the information they need in the right format for them.

Timeframe : December 2026
Responsibility: Director, Safety and Quality / Senior Manager, Consumer Partnering and Community Engagement / Director, Communications and Engagement / Nursing Director, - Outpatients.

State Plan measure: 1.5.1
Total number of resources or materials that have been developed in accessible formats
State Plan measure: 1.5.2
Total number of Auslan, assistive listening devices, and augmentative and alternative communication services provided to meet support needs, including at emergency presentations.

Actions	Measures
14.1 Create CALHN consumer information sheets in simple, easy-to-read/ pictorial and accessible formats. **14.2** Involve consumer representatives to review consumer-facing information to ensure it can be easily understood. **14.3** Ensure the CALHN website has clear information about transport, wayfinding and supports available to people with disabilities accessing CALHN services. **14.4** Review website content and include 'what to expect' when visiting a service, such as a hospital admission or outpatient services in accessible formats. **14.5** CALHNs website meets the Web Content Accessibility Guidelines **14.6** Embed the process of booking interpreters for consumers both in person and virtually (including Aboriginal languages and Auslan Interpreters.) **14.7** Review the outpatient letters and booking system to ensure they are easy to understand.	• Number of resources developed in accessible formats. Audit of which CALHN services have them available (including for emergency presentations). • Number of resources that have been reviewed by consumers. • CALHN's website includes specific information for consumers with disability. • CALHN's website meets level 2.2 Web Content Accessibility Guidelines • The number of interpreter bookings; review feedback from consumers

15. People with disability have access to CALHN's events.

Timeframe : June 2026
Responsibility: Director, Communications and Engagement

State Plan measure: 1.1.2
Total number of inclusive and accessible events, both internal and external, with 50+ people following best practice event management principles. For example, the Accessible and Inclusive Community Events Toolkit

Actions	Measures
15.1 Provide CALHN event planning templates on the Intranet for staff include suggestions on how to make an event and the registration process accessible for people with disability.	• Up-to-date and best practice event accessibility checklists, guidelines and registration questions available on CALHN Intranet to guide and inform staff. • The number of event evaluation forms submitted, including feedback on accessibility.

Volunteering

16. CALHN encourages volunteering opportunities for people with disability.

Timeframe : December 2026
Responsibility: Director, Facilities and Infrastructure

State Plan measure: 2.3.5
Total number of initiatives taken to encourage people with disability to volunteer

Actions	Measures
16.1 Promote volunteering opportunities through community disability stakeholders. **16.2** Provide support and workplace adjustments for people with disability to enable meaningful volunteering experiences. **16.3** Recruit volunteers with disability to provide peer support to consumers. **16.4** Community stakeholders to provide disability training to volunteers.	• Record of opportunities and engagement with stakeholders. • Track number of CALHN volunteers with disability.

Workforce

17. CALHN's workforce is upskilled to understand and meet the needs of consumers and colleagues with disability.

Timeframe : February 2027
Responsibility: Director, Organisational Development and Workforce Strategy

State Plan measures:2.5.1
Total number of workplace practices implemented to support people with disability to have equal opportunities for growth and success, including support to remain in employment

Actions	Measures
17.1 Review and refresh disability training options for CALHN staff and volunteers, ensuring content is practical, engaging, and reflective of lived experience perspectives. **17.2** Engage staff and volunteers in training that builds understanding of rights, needs, and workplace adjustments for people with disability, including practical examples and scenarios to strengthen learning. **17.3** Review culturally safe, trauma informed care training and resources for staff and assess staff understanding of trauma informed principles. **17.4** Add information to the Manager Fundamentals course on supporting flexible work arrangements and reasonable adjustments for staff with disability, including equipment, work/role design, workplace set-up, and communication approaches. **17.5** Promote *understanding carers* and the supports available training for CALHN staff.	• Number of staff and volunteers participating in disability training. • Staff feedback of education and training sessions. Include a pre and post training questionnaire to assess knowledge and gaps.

18. CALHN creates opportunities for staff with disability to achieve, develop and succeed

Timeframe : February 2027

Responsibility Director, Organisational Development and Workforce Strategy

State Plan measures:2.4.3

Total number of organisational changes adopted to improve inclusive recruitment for people with disability. For example, tailoring roles to fit individuals and employer incentives

Actions	Measures
18.1 Ensure disability is a priority within CALHN's Workforce Diversity and Inclusion Plan. **18.2** Plan and implement a selection process and interview accommodations guideline. **18.3** Build partnerships with disability recruitment agencies to create pathways for people with disability and support sustained employment success. **18.4** Review staff recruitment and onboarding forms to include clear, supportive questions about disability and any workplace adjustments or supports required. **18.5** Partner with community stakeholders to complete workplace assessments and adjustments. **18.6** Ensure staff are aware of CALHN's processes for requesting and accessing flexible work arrangements and workplace adjustments, including during recruitment and throughout employment. **18.7** Raise awareness of CALHN's policies, codes of conduct and strategies that prohibit discrimination, harassment and victimisation of staff. **18.8** Strengthen processes for staff to safely report discrimination, with mechanisms for follow-up and support if concerns are raised. **18.9** CALHN to deliver Tangkaru Wilta Aboriginal workforce forums to connect CALHN's Aboriginal Health professionals ensuring our Aboriginal work force are valued and supported.	• Number of leaders attending relevant training program. • People Matter Survey and other annual survey data relating to staff with disability. • Number of staff identifying as having a disability. • Feedback from Tangkaru Wilta Aboriginal Workforce forums.

Partnering with stakeholders

19. CALHN has effective relationships with stakeholders to improve consumer experiences

Timeframe : February 2027
Responsibility: Senior Manager, Consumer Partnering and Community Engagement

State Plan measure: 1.7.1
Total number of public consultations that included and sought input from people with disability, including engagement with Aboriginal Community Controlled Organisations
State Plan measure 3.1.1
Total number of initiatives and improvements made to connect people with disability to community supports and services wherever they present
State Plan measure 3.3.1
Total number of inter-agency meetings and initiatives to support the implementation of the State Plan and DAIP

Actions	Measures
19.1 Map disability stakeholders (government agencies and community services including Aboriginal Community Controlled Organisations). **19.2** Identify key stakeholder partnership projects with a focus on the following priority groups from the State Disability Inclusion Plan: Aboriginal, CALD, women, LGBTQIA+, adolescents, aged, intellectual disability, regional and remote consumers with disability. **19.3** Continue to work alongside National Disability Insurance Agency (NDIA) to ensure efficient and high-quality processes for National Disability Insurance Scheme (NDIS) hospital healthcare pathways. **19.4** Review pathways and access to the South Australian Intellectual Disability Health Service to provide health care for consumers with intellectual disability.	• Disability stakeholders are mapped. • Demonstrate examples of improvement projects with stakeholder partnerships. • Number of South Australian Intellectual Disability Health Service consumers accessing CALHN services. • Evidence of improved NDIS pathway processes.

Disability Information

20. CALHN has effective data collection about consumers and staff with disability

Timeframe : February 2028
Responsibility: Director, Organisational Development and Workforce Strategy/Communicating for Safety Standard 6 Priority Care Committee Chair

State Plan measure: 2.6.2
Proportion of state government agencies enhancing data collection and reporting systems

Actions	Measures
20.1 Improve and monitor data collection of staff with disabilities and map numbers based on state target of 3%. **20.2** Drive improvements to ensure clearly visible, accurate and consistent documentation of disability, communication and equipment needs for consumers who would like this information in their electronic medical records.	• Number of staff with disability. • Number of consumers accessing CALHN services with disability and their communication and equipment needs registered on Electronic Medical Record.

Accessibility

21. Consumers with disability can access CALHN's services and buildings.

Timeframe : February 2027
Responsibility Director, Facilities and Infrastructure / Director, Operations Improvement

State Plan measure: 1.3.2
Total number of public-facing government buildings, spaces, play spaces and infrastructure that are modified to improve accessibility
State Plan measure: 4.1.1
Total number of healthcare infrastructure settings audited and the proportion that are compliant

Actions	Measures
21.1 Ensure all new capital works plans address accessibility standards. **21.2** Building designers and architects will incorporate consumer representatives with disability feedback during relocation, renovation or new-build design projects. **21.3** Consumers with disability and carers to conduct a wayfinding review of CALHN sites. **21.4** Ensure there are parking allocations for people with disability across all CAHLN facilities, including number of spaces close to the front of services. **21.5** Review wheelchair access across all CALHN sites. **21.6** Review changing places toilet facilities at CALHN sites. **21.7** Review rest areas and low-stimulation environments across all CALHN sites.	• Annual wayfinding audit of CALHN sites conducted alongside consumers with disability. • Number of meetings and feedback for new builds, renovations and service relocations involving consumers. • Number of disability parking spaces at each CALHN site. • Annual audit of rest areas as part of CALHN's commitment to universal, accessible design.

22. Evacuation procedures and emergency evacuation plans have provision for people with disabilities.

Timeframe : September 2026
Responsibility: Director, Facilities and Infrastructure

State Plan measure 5.2.1
Total number of emergency response resources and systems developed for people with disability

Actions	Measures
22.1 Incorporate the needs of people with disability into all disaster and emergency response planning processes. **22.2** Create 'personal emergency evacuation plans' for CALHN staff with disability.	• Disaster planning and responses incorporate the needs of people with disability. • Staff with disability have personal emergency evacuation plans.

> As a carer I need to be there for communication needs.
>
> - Dean, CALHN consumer representative

What success looks like

Our plan is accessible

People with disability know where to find or get a copy of this plan, and how CALHN will report our actions and outcomes. This plan is available in Easy Read.

We partner with consumers with disability

We have a Consumer Partnering and Community Engagement Framework and a Statewide Clinical Support Services Consumer Engagement Framework that guide how we engage with consumers and stakeholders.

People with disability feel seen, heard and represented in this plan and in their interactions with CALHN and our staff. Consumer representatives and workforce with disability are involved in the projects and actions to make improvements.

We have considered all aspects that may result in barriers for consumers and workforce with disability

We believe that access to successful health care is not just about the physical environment. In developing this plan, we have considered other barriers that may be communicative, technological, systemic (related to policies and procedures), or social/cultural.

Planning and goal setting

South Australia's State Disability and Inclusion Plan 2025- 2029 measures have informed CALHN's actions. Our plan identifies what we set out to accomplish and is a living plan that will be updated as we complete our actions. Our actions are clear, realistic, and achievable within the 4-year timeframe, and we have listed the ways we can measure success. Our leaders and staff will support the plan and be held accountable. We will aim for continuous improvement.

Recognising improvements

If our aim is optimal equity and access to our services, we expect to be able to map and celebrate improvements. Our consumers and workforce with disability also need to agree with our assessments. Through regular reviews and audits, we will keep staff and stakeholders updated on how CALHN is tracking against this plan and the opportunities to improve. We will partner with other system stakeholders such as the NDIA and community organisations for the benefit of consumers with disability.

Governance and reporting

This plan will be implemented across a 4-year time period. Each action has a CALHN staff member as a responsible owner. Responsible owners will progress actions assigned to them. Progress of actions will be tracked and reported to CALHN's Disability Governance Committee. Workforce actions will also be reported to People and Culture Committees.

An annual progress report will be provided to South Australia's Department of Human Services.

After 2 years, we will conduct a mid-term evaluation and refresh of this plan, using co-design methodologies and involving stakeholders, workforce, carers, and consumers with disability in the review process.

The journey taken to create this plan

1

Environmental scan

We reviewed national legislation and policies, audited CALHN's previous Disability Access and Inclusion Plan (DAIP), and gathered feedback from consumers and workforce with disability.

2

Governance

The CALHN Disability Governance Committee guided development of this DAIP.

3

Engagement

We listened to:

- Consumers with disability and carers.
- Aboriginal consumers and carers.
- Refugees and culturally/linguistically diverse consumers.
- Young people with disability.
- Consumers from the LGTBQIA+ community.
- Consumers with psychosocial disability.
- CALHN employees with disability.
- Community organisations- stakeholders.

4

Key themes and actions

Feedback from consumers, staff and stakeholders shaped the key themes and actions in the plan.

5

Testing the draft

We shared the draft with consumers, stakeholders and workforce to confirm it reflected their feedback.

6

Endorsement

This DAIP was reviewed and endorsed by CALHN governance committees.

7

Next steps

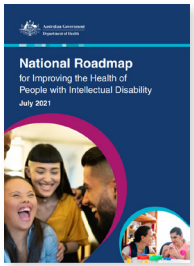
Together, we will implement this DAIP and continue improving access and inclusion across CALHN.

Influencing documents

National

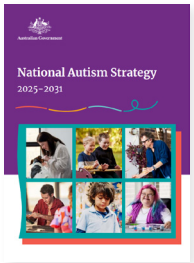
Australia's Disability Strategy 2021-2031

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability 2019-2023



The National Roadmap for Improving the Health of People with Intellectual Disability

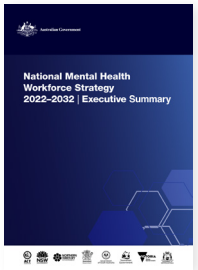
National Safety and Quality Health Service Standards (NSQHSS)



National Autism Strategy 2025 to 2031

Working together to deliver the NDIS

Commonwealth Closing the Gap 2024 Annual Report and 2025 Implementation Plan



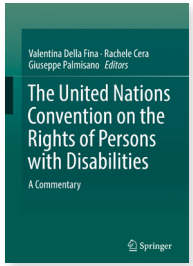
National Mental Health Workforce Strategy 2022-2032

South Australian

SA Autism Strategy 2024 to 2029

Department Human Services State Disability Inclusion Plan 2025 to 2029

International



The UN Convention on the Rights of Persons with Disabilities

Glossary

Health consumer: People who use health services, as well as their family and carers.

Inpatient: When you stay in a hospital and get help for your health.

Outpatient: When you visit the hospital for your health but do not stay at the hospital.

Carer: A person who provides care and support for their parent, partner, child or friend who has a disability.

Support worker: A support worker is a paid person who helps an individual with activities of daily living.

Health professional: Doctor, nurse or allied health professional.

Adolescent: Adolescent and Young Adult Medicine is the health and medical care of young people aged 10 to 24 years.

Commonwealth: The government of the Commonwealth of Australia – also referred to as the Australian Government or the Federal Government.

DAIP: Disability Access and Inclusion Plan prepared by state authorities for their own agency, department, or council area.

The State Plan: Inclusive SA's State Disability Inclusion Plan.

DHS: The South Australian Department of Human Services.

Inclusion/inclusive: Enabling the involvement of people living with disability in everyday activities, the same as people living without disability. This includes other groups including older persons, Aboriginal and Torres Strait Islander peoples, people with culturally and linguistically diverse backgrounds, and the LGBTQIA+ community.

NDIA: National Disability Insurance Agency.

NDIS: National Disability Insurance Scheme – the Australian Government's insurance support scheme that funds costs associated with disability. The scheme was legislated in 2013 and became operational in 2020. It is administered by the National Disability Insurance Agency.

State authority: As defined in the *Disability Inclusion Act 2018*: an administrative unit (within the meaning of the *Public Sector Act 2009 (SA)*, or local council established under *Local Government Act 1999 (SA)*.

Universal design: Involves creating facilities, built environments, products, and services that can be used by people of all abilities, to the greatest extent possible, without adaptations.

Consumer Representative: People with lived experience of CALHN services who participate in various committees and working groups to ensure consumers are involved in planning, decision making, and measuring services.

Stakeholder: Community organisations, with an interest in the Disability Access and Inclusion Plan.

Endnotes

1. South Australian Public Sector Disability Employment Strategy 2020-2023, https://www.publicsector.sa.gov.au/Employment/disability-employment

2. Australian Bureau of Statistics. Disability, Ageing and Carers Australia: Summary of Findings. Released 4 Jul 2024, abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia summary-findings/2022

3. AIHW. Australia's Disability Strategy 2021–2031 Outcomes Framework, Self-reported health. Last updated 9 Jul 2024, aihw.gov.au/australiasdisability-strategy/outcomes/healthand-wellbeing/self-reported-health

4. AIHW & National Indigenous Australians Agency (2023). Measure 1.14 Disability, Aboriginal and Torres Strait Islander Health Performance Framework, accessed 13 June 2025, indigenoushpf.gov.au/measures/1-14-disability#datafindings

5. Australian Bureau of Statistics 2021, Characteristics of National Disability Insurance Scheme (NDIS) participants, 2019: Analysis of linked data, ABS, viewed 1 October 2025, <https://www.abs.gov.au/articles/characteristics-national-disability-insurance-scheme-ndis-participants-2019-analysis-linked-data>

6. Australian Bureau of Statistics. Disability, Ageing and Carers Australia: Summary of Findings. Released 4 Jul 2024, abs.gov.au/statistics/health/disability/disability-ageing-and-carersaustralia-summary-findings/latestrelease#carers

7. AIHW. People with disability in Australia 2024 Report. Last updated 23 Apr 2024, aihw.gov.au/reports/disability/peoplewith-disability-in-australia/contents/summary

8. Web Content Accessibility Guidelines (WCAG) Overview. Web Accessibility Initiative (WAI). https://www.w3.org/WAI/standards-guidelines/wcag/

9. CALHN – Aboriginal Health Framework & Action Plan Listening, Caring, Healing 2022 to 2027. https://www.calhn.sa.gov.au/assets/documents/CALHN/220601_CALHN-04-Aboriginal-Health-Framework.pdf?v=1744857476

10. Australian Clinical Trials (2023). Good Clinical Practice (GCP) for clinical trials in Australia. Australian Clinical Trials. https://www.australianclinicaltrials.gov.au/researchers/good-clinical-practice.

> I don’t want to tell my story and equipment needs each time I’m admitted – I want that information to be easy to access in my medical records.
>
> - Nick

Safe and Connected
Everyone's voice matters

Government
of South Australia

Health
Central Adelaide
Local Health Network